

**RECEIVED
CENTRAL FAX CENTER**

MAR 03 2005



Invitrogen detection technologies

Molecular Probes, Inc.

29851 Willow Creek Rd. • Eugene, OR 97402

(541) 465-8300 • Fax (541) 335-0188 • www.probes.invitrogen.com

FAX Transmission Sheet

Date: 3/3/2005
From: Koren Anderson
To: Commissioner for Patents
Organization: U.S. Patent and Trademark Office
Fax: (703) 872-9306
Subject: Serial No.: 10/026,302

You should receive 45 pages including this cover sheet.

THIS MESSAGE IS INTENDED EXCLUSIVELY FOR THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED. THIS COMMUNICATION MAY CONTAIN INFORMATION THAT IS PROPRIETARY, PRIVILEGED OR CONFIDENTIAL OR OTHERWISE LEGALLY EXEMPT FROM DISCLOSURE. IF YOU ARE NOT THE NAMED ADDRESSEE, YOU ARE NOT AUTHORIZED TO READ, PRINT, RETAIN, COPY OR DISSEMINATE THIS MESSAGE OR ANY PART OF IT. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY FACSIMILE AND DELETE ALL COPIES OF THE MESSAGE.

CENTRAL FAX CENTER

MAR 03 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: MARTIN *et al.*

Serial No.: 10/026,302

Filed: December 19, 2001

For: Crown Ether Derivatives

Examiner: Bruck Kifle

Group Art Unit: 1624

Docket No. MP0070

TRANSMITTAL LETTER

Commissioner for Patents
U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith are the following documents in the above-identified application.

- ☒ Response to Office Action
- ☒ Marked-Up Version of the Claims
- ☒ Fee Transmittal Form (PTO/SB/17)
- ☒ Petition for Extension of Time

Respectfully submitted,

Date: March 3, 2005

Karen J. Anderson
Karen J. Anderson, Ph.D.
Reg. No. 51,061

Molecular Probes, Inc.
29851 Willow Creek Rd.
Eugene, Oregon, 97402
Phone: (541) 335-0203
Facsimile: (541) 335-0354

CERTIFICATE OF TRANSMISSION

I HEREBY CERTIFY THAT THIS PAPER AND THE DOCUMENTS REFERRED AS BEING ATTACHED OR ENCLOSED HEREWITH ARE BEING FACSIMILE TRANSMITTED TO THE UNITED STATES PATENT AND TRADEMARK OFFICE ON 3-3-05 TO 1.703.872.9306 By Karen J. Anderson

RECEIVED
CENTRAL FAX CENTER

MAR 03 2005

PTO/SB/H7 (12-04/2)

Approved for use through 07/31/2008. OMS 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1020.00

Complete If Known

Application Number	10/026,302
Filing Date	December 19, 2001
First Named Inventor	Martin
Examiner Name	Bruck Kifle
Art Unit	1624
Attorney Docket No.	MP0070

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-3900 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	Koren J. Anderson	Registration No. (Attorney/Agent)	51,061	Telephone	1.541.335.0203
Name (Print/Type)	Koren J. Anderson	Date	March 3, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.